

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

QUARTERLY FINANCIAL REPORTING FORM

Submitted on 11/13/2003 4:00:52 PM

		1
1.	FOR THE QUARTER ENDING:	September 30, 2003
2.	Name:	Delta Dental Plan of California
3.	File Number:(Enter last three digits) 933-0	092
4.	Date Incorporated or Organized:	May 21, 1955
5.	Date Licensed as a HCSP:	March 22, 1978
6.	Date Federally Qualified as a HCSP:	n/a
7.	Date Commenced Operation:	May 21, 1955
8.	Mailing Address:	P.O. Box 7736, San Francisco, CA 94120
9.	Address of Main Administrative Office:	100 First Street, San Francisco, CA 94105
10.	Telephone Number:	(415) 972-8300
11.	HCSP's ID Number:	94-1461312
12.	Principal Location of Books and Records:	100 First Street, San Francisco, CA 94105
13.	Plan Contact Person and Phone Number:	Robert G. Becker (415) 972-8446
14.	Financial Reporting Contact Person and Phone Number:	Kimberly Deffenbaugh (415) 972-8315
15.	President:*	Gary Radine
16.	Secretary:*	Sharon L. Rafter
17.	Chief Financial Officer:*	Elizabeth M. Russell
18.	Other Officers:*	See Attachment - Officers and Directors List
19.		
20.		
21.		
22.	Directors:*	See Attachment - Officers and Directors List
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	Gary Radine
33. Secretary	Sharon L. Rafter
34. Chief Financial Officer	Elizabeth M. Russell
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. Check if this is a revised filing, and complete question 7 on page 2: <input type="checkbox"/>	
36. If all dollar amounts are reported in thousands (000), check here: <input checked="" type="checkbox"/>	

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

QUARTERLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="▼"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No <input type="button" value="▼"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="▼"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="▼"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="▼"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	15,846
2. Short-Term Investments	197,800
3. Premiums Receivable - Net	218,920
4. Interest Receivable	2,689
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	72,502
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	8,662
10. Aggregate Write-Ins for Current Assets	8,314
11. TOTAL CURRENT ASSETS (Items 1 to 10)	524,733
OTHER ASSETS:	
12. Restricted Assets	
13. Long-Term Investments	91,848
14. Intangible Assets and Goodwill - Net	7,104
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	157,710
18. TOTAL OTHER ASSETS (Items 12 to 17)	256,662
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	11,839
21. Computer Equipment - Net	3,696
22. Leasehold Improvements -Net	5,957
23. Construction in Progress	
24. Software Development Costs	29,639
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	51,131
27. TOTAL ASSETS	832,526
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Deposits	864
1002. Other Receivables	7,450
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	8,314
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Deferred Compensation	33,063
1702. Retirement Investments	21,127
1703. Investment in Subsidiaries	20,990
1704. Notes Receivable - Subsidiaries	13,750
1798. Summary of remaining write-ins for Item 17 from overflow page	68,780
1799. TOTALS (Items 1701 thru 1704 plus 1798)	157,710
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	40,768	XXX	40,768
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	174,618		174,618
4. Incurred But Not Reported Claims	196,083		196,083
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	13,153	XXX	13,153
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current	3,324	XXX	3,324
11. Aggregate Write-Ins for Current Liabilities	29,449	0	29,449
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	457,395	0	457,395
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	99,055	XXX	99,055
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	99,055	XXX	99,055
19. TOTAL LIABILITIES	556,450	0	556,450
NET WORTH			
20. Common Stock	XXX	XXX	
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	274,656
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	1,420
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	276,076
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	832,526
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Refundable Group Balances	29,449		29,449
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	29,449	0	29,449
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Accrued Retirement Benefits	59,456	XXX	59,456
1702. Deferred Compensation Plans	33,063	XXX	33,063
1703. Group Deposits	6,536	XXX	6,536
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	99,055	XXX	99,055
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Adjustment to Reserves - Comprehensive Gain	XXX	XXX	
2502. (unrealized gains on securities)	XXX	XXX	1,420
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	1,420

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	627,164	1,869,475
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid	198,011	593,839
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	4,263	11,738
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	-5,928	-7,497
11. TOTAL REVENUE (Items 1 to 10)	823,510	2,467,555
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated		
16. Primary Professional Services - Non-Capitated	749,548	2,259,559
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	0	0
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	749,548	2,259,559
Administration		
25. Compensation	33,824	99,669
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	9,664	28,207
28. Management Fees		
29. Marketing	4,281	11,465
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	22,161	64,163
32. TOTAL ADMINISTRATION (Items 25 to 31)	69,930	203,504
33. TOTAL EXPENSES	819,478	2,463,063
34. INCOME (LOSS)	4,032	4,492
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	4,032	4,492
NET WORTH:		
38. Net Worth Beginning of Period	270,624	265,823
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	4,032	4,492
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	1,420	5,761
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	276,076	276,076

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. PACA Investment Adjustment	276	-49
1002. HIPAA	-793	-2,545
1003. Gain/Loss on Disposal of Assets	1	154
1004. PMI Management Fee	439	1,288
1005. Miscellaneous Income (Expense), net	-5,851	-6,345
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	-5,928	-7,497
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Office supplies	1,467	4,942
3102. Outside data processing	12,328	35,082
3103. Legal & professional services	1,813	5,211
3104. Communication & advertising	2,996	10,663
3105. Administrative expense	3,557	8,265
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	22,161	64,163
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701. Adjustment to Reserves - Comprehensive Gain/(Loss) (unrealized gain/(loss) on securities)	1,420	5,761
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	1,420	5,761
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	637,350	1,883,217
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums	224,414	486,250
5. Investment and Other Revenues	440	1,442
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-741,811	-2,251,363
8. Administration Expenses	-73,276	-219,003
9. Federal Income Taxes Paid		
10. Interest Paid	4,739	12,869
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	51,856	-86,588
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets	920	8,248
13. Proceeds from Investments	1,850,004	5,977,759
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments	-1,906,073	-5,896,121
17. Payments for Property, Plant and Equipment	-3,669	-10,719
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-58,818	79,167
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		10,000
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	10,000
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-6,962	2,579
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	22,808	13,267
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	15,846	15,846
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	4,032	4,492
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	4,716	13,215
32. Decrease (Increase) in Receivables	39,832	-7,606
33. Decrease (Increase) in Prepaid Expenses	-5,016	-9,854
34. Decrease (Increase) in Affiliate Receivables	764	-1,334
35. Increase (Decrease) in Accounts Payable	-1,474	-17,669
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	7,737	8,196
37. Increase (Decrease) in Unearned Premium	-1,063	-60,933
38. Aggregate Write-Ins for Adjustments to Net Income	2,328	-15,095
39. TOTAL ADJUSTMENTS (Items 31 through 38)	47,824	-91,080
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	51,856	-86,588
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Affiliate Payables	2,106	-772
3802. Accrued Retirement Benefits and Other Liabilities	1,553	5,118
3803. Refundable Group Balances	-1,331	-19,441
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	2,328	-15,095

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	4,123,000	80,000	32,000	4,171,000	12,379,000			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual				0				0			
5. Point of Service				0				0			
6. Aggregate write-ins for Other	10,801,000	104,000	124,000	10,781,000	32,446,000	0	0	0	0	0	
7. Total Membership	14,924,000	184,000	156,000	14,952,000	44,825,000	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families	382,000		2,000	380,000	1,143,000			0		0	
603. AIM				0				0			
604. Medicare Cost	6,137,000		20,000	6,117,000	18,413,000			0		0	
605. ASO	4,282,000	104,000	102,000	4,284,000	12,890,000	N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699, 698) (Line 6 above)	10,801,000	104,000	124,000	10,781,000	32,446,000	0	0	0	0	0	

**

SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		0
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		0

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		0

* Indicate the Balance Per the HMO's Records

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STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

SCHEDULE D
HEALTH CARE RECEIVABLES &
AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23. Aggregate Accounts Not Individually Listed - Due						0
24. Total	0	0	0	0	0	0

**

SCHEDULE G - UNPAID CLAIMS ANALYSIS
SECTION I - CLAIMS UNPAID

Type of Claim	1 Reported Claims in Process of Adjustment	2 Estimated Incurred but Unreported	3 Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims			0
3. Referral Claims			0
4. Other Medical	174,618	196,083	370,701
5. TOTAL	174,618	196,083	370,701

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11. January	355,182	1,731,310	1,644,488	60,811	25,100	406,293
13. February	406,293	1,542,023	1,517,279	52,288	52,898	431,647
14. March	431,647	1,748,494	1,745,409	58,088	44,130	420,774
15. April	420,774	1,651,259	1,610,206	51,802	4,175	414,200
16. May	414,200	1,746,263	1,776,072	65,325	81,627	400,693
17. June	400,693	1,653,025	1,607,752	55,747	10,398	400,617
18. July	400,617	1,790,228	1,760,880	63,600	27,999	394,364
19. August	394,364	1,687,673	1,660,742	66,524	61,083	415,854
20. September	415,854	1,616,561	1,635,356	60,903	14,258	350,414
21. October						0
22. November						0
23. December						0

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

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STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
1.	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
2.	January	396,065	8,938	894	396	406,293
3.	February	424,612	5,891	806	338	431,647
4.	March	409,263	10,938	353	220	420,774
5.	April	404,201	9,291	591	117	414,200
6.	May	386,697	13,400	487	109	400,693
7.	June	383,083	16,561	814	159	400,617
8.	July	385,543	8,066	606	149	394,364
9.	August	408,912	6,163	568	211	415,854
10.	September	338,242	11,423	525	224	350,414
11.	October					0
12.	November					0
13.	December					0

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STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag
1. September 30, 2003	370,701,000	XXX	370,701,000	370,701,000
2. June 30, 2003	362,964,000	336,272,143	26,691,857	33,061,665
3. March 31, 2003	388,314,000	362,410,590	25,903,410	9,251,109
4. December 31, 2002	362,505,000	335,933,861	26,571,139	3,975,979
5. September 30, 2002	357,925,000	355,438,173	2,486,827	0
6. June 30, 2002	374,677,000	371,193,083	3,483,917	0
7. March 31, 2002	371,272,000	361,573,065	9,698,935	0
8. December 31, 2001	360,366,000	355,559,335	4,806,665	0

* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS	
1.	Overflow from Report #1 - Assets, line 1798, Other Assets: Restricted Funds (\$52,345809)& Other (\$16,43
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STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.	Delta Dental Insurance Company	Subsidiary	Accounts, not & interest	12,893	Monthly/Quarterly
3.	Private Medical-Care, Inc.	Affiliate	Accounts, not & interest	1,689	Monthly/Quarterly
4.	Deltanet, Inc.	Subsidiary	Accounts & note rec.	3,678	Monthly/Quarterly
5.	Delta Dental of Pennsylvania	Affiliate	Accounts, not & interest	3,986	Monthly/Quarterly
6.	Provantis / Celebration Dental	Affiliates	Accounts receivable	165	Monthly
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.					
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.					
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity			\$	276,076
17.	Add: Subordinated Debt			\$	
18.	Less: Receivables from officers, directors, and affiliates			\$	22,411
19.	Intangibles			\$	7,104
20.	Tangible Net Equity (TNE)			\$	246,561
21.	Required Tangible Net Equity (See Page 22)			\$	73,149
22.	TNE Excess (Deficiency)			\$	173,412
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees			\$	825,175
24.	Administrative Costs			\$	69,930
25.	Percentage				8
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:			\$	37,878
27.	Total costs for health care services for the immediately preceding six months:			\$	1,487,653
28.	Percentage				3

		1
<p>G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:</p>		
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

		Full Service Plans		Specialized Plans	
		1		2	
A.	Minimum TNE Requirement	\$ 1,000,000		Minimum TNE Requirement	\$ 50,000
B.	REVENUES:				
1.	2% of the first \$150 million of annualized premium revenues	\$		2% of the first \$7.5 million of annualized premium revenue	\$ 150,000
	Plus			Plus	
2.	1% of annualized premium revenues in excess of \$150 million	\$		1% of annualized premium revenue in excess of \$7.5 million	\$ 20,068,000
3.	Total	\$ 0		Total	\$ 20,218,000
C.	HEALTHCARE EXPENDITURES:				
4.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$		8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 600,000
	Plus			Plus	
5.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$		4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 72,549,000
	Plus			Plus	
6.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$		4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 0
7.	Total	\$ 0		Total	\$ 73,149,000
8.	Required "TNE" - Greater of "A" "B" or "C"	\$		Required "TNE" - Greater of "A" "B" or "C"	\$ 73,149,000

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1	
1. Net Equity	\$	276,076
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	276,076
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	276,076
ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING		
14. Line 5 (above)	\$	276,076
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	276,076
If Line 14 is less than Line 15, then monthly reporting is required		

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

DELTA DENTAL PLAN OF CALIFORNIA
LIST OF CORPORATE OFFICERS AND DIRECTORS AS OF 9/30/03

BOARD OFFICERS/DIRECTORS	EXECUTIVE STAFF	
Daniel P. Heslin Chairman of the Board	Gary Radine President/CEO	Kenneth E. Bernardi Vice President Marketing, Underwriting & Actuarial
Bonnie Bateman, DDS First Vice Chairman	Anthony S. Barth Senior Vice President Commercial Programs	Michael J. Castro Vice President Controller
Donald S. Clem III, DDS Second Vice Chairman	Robert G. Becker, Esq. Senior Vice President General Counsel	John W. Crooms, Jr. Vice President Sales
Michael R. Miller, DDS Secretary	Marilynn Belek, D.M.D. Senior Vice President Public & Professional Relations	Michael Finnegan Vice President Commercial Operations
Louise J. Rothman Treasurer	Lowell G. Daun, DDS Senior Vice President Federal Programs	Kathy Jonzson Vice President Office of Compliance
Yoshio Nakashima, DDS Director	Robert B. Elliott Senior Vice President DDPC Non-CA Commercial Business Unit	J. Douglas Konovaloff Vice President Federal Services
Jody Bell Director	Jerry R. Holcombe Senior Vice President Chief Administrative Officer	Charles Lamont, Esq. Vice President Associate General Counsel
Russell Bigler Director	Michael B. Kaufmann Senior Vice President State Government Programs	Michael J. McGinley Vice President Public and Professional Relations
J. Fredrick Conrad Jr, DDS Director	Elizabeth M. Russell Senior Vice President Chief Financial Officer	Sharon L. Rafter Vice President Corporate Affairs
William L. Gallagher, DDS Director	Martin F. Whelan Senior Vice President Chief Information Officer	
Richard B. Gulley Director		
Robin Davis Jarvi Director		
Lee Roy Pearson Director		
Janet Yellen, Ph.D. Director		

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

See Attached File for notes to the financial statements.

STATEMENT AS OF 9-30-2003 OF 933-0092 Delta Dental Plan of California

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